



S.G.R.

J.G.

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. *5880* Name *Abraham Stickland* Corps *C.F.C.*

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--------------------------------------|
| 1. What is your name? | 1. <i>Abraham Stickland</i> |
| 2. What is your full Address? | 2. <i>Hunts Island, Bungee</i> |
| 3. Are you a British Subject? | 3. <i>Yes</i> |
| 4. What is your age? | 4. <i>24</i> Years |
| 5. What is your Trade or Calling? | 5. <i>Fisherman</i> |
| 6. Are you Married? | 6. <i>No</i> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <i>No</i> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <i>Yes</i> |
| 9. Are you willing to be enlisted for General Service? | 9. <i>Yes</i> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <i>Yes</i> |

I, *Abraham Stickland* do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Abraham Stickland SIGNATURE OF RECRUIT.

Des. P. Moulton Signature of Witness.

July 30, 1918

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *Abraham Stickland* do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at *St. Johns* on this *30* day of *July* 191*8*.

Signature of Attesting Officer *C. Dicks Lieut*

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the *7th*

If enlisted by special authority, such will be attached to the original attestation.

Date.....191*8*

Place..... *St. Johns* } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

Reg. No. 5880 Rank. Pfc Name. Strickland Abraham
Attested. 31-7-18 Address. Surgeon, Santo Island
Allotment. 150 Allottee. John W. Strickland (Brother)
Date of Allotment. 1-9-18 Returned from Overseas.
Embarked for Overseas. SEP 22 1918 Cause.

Vacc. 1-8-18. 1st 4-8-18 2nd 9-9-18 (3rd Nov 14-9-18)
S.S. 2-8-18 to 11-8-18, Auto 18-5-18

C.R. 5880

Extract from Daily Orders Part II Royal Newfoundland Regt.
Dated Aug. 21st 1919 St. John's.

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer i/c Records from noted date 11-8-19.

5880, Pte. Abraham Stickland.

C.R. 5880

**Extract from Daily Orders: Part 11 Unit The Royal WFLA.
Regt. St. John's, July 6th, 1919**

**The discharge of the undernoted on demobilisation has been
APPROVED by Officer i/c Records from 28-7-19**

5880 Pte. S. Strickland.

C.R. 5880

Extract from Daily Orders Postmill Unit The Royal Nfld.
Regt. St. John's, July 3rd, 1919.

5880 Pte. A. Strickland.

Reported at Headquarters 1-7-19 on "Cassandra" which
sailed Glasgow June 24th, 1919.

C.R.

5880

**Extract from Daily Orders by Major M.S. Sullivan,
Commanding Newfoundland Forestry Companies, 6-22-18.**

**The undermentioned having reported for duty from
the 2nd Bn. Royal Nfld. Regt. is attached to the
strength for rations, from th is date , and attached
to "B" Company.**

5880 Pte. J. Stickland.

C.R. 5880

Ex ract from Nominal Roll Entrained St. John's for Overseas.
Sept. 22, 1918. "M".

5880 Strickland Abraham (Pt)

C.R. 5880

Extract from Daily Orders Part 11 Unit The Royal
Mfld. Regt. St. John's, dated August 19th. 1918.

5880 Pte. A. Stickland.

Returned from Leave and reported at Headquarters
for duty 18-8-18.

C.R.

5880

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated August 1, 1918.

5880 Pte. Abraham Stickland.

Attested for General Service with the Royal Nfld. Regt.
30-7-18.

A. Stickland

C.R. 5880

1880

Strickland, A

5880

Manuscript.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5880 Rank P.Fe. Name Strickland A.
 Intended place of residence Burgeo

2. Occupation Interpreter
 Classification of soldier E Medical Category AI

3. The above named man is discharged in consequence of

DEMOBILIZATION Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date JUL 14 1919

J. M. H.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S

Date JUL 14 1919

A. Strickland
 Signature of soldier
M. B. H.
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

JUL 14 1919

Date

A. Strickland
 Signature of soldier
W. J. H.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 30. 7. 18. No. of days on Military
 Discharged from service 28. 7. 19. Plus 14 days Service 378.

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place, ST. JOHN'S

Date JUL 28 1919

N. R. Cooper Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

Date August 11/1919

M. Bowley Capt.
 Officer in Charge Records
 The Royal Newfoundland Regiment

W. B. 5079/3734

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5880 Rank Plt Name Strickland A
 Date of Enlistment 30-7-18 Address Burgin District Burgin
 Occupation Fisherman Classification for Discharge Plt Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 12-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.

A. Strickland
 Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied

Date 14-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2399 to his home at Bungo and Release Certificate No. 3598 issued. Albion
 Date 14-7-19 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 11-8-19
 Date 14-7-19 Depot Paymaster. Albion

Discharge approved for 28 7-19
 Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
E 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

2 Form B

Date 14-7-19 Demobilization Officer. Albion

APPROVED.

Documents as above forwarded to:—
 Officer i/c Records.
 Board of Pension Commissioners.
 with following additional documents.

Eligible for War Service Gratuity

Date JUL 28 1919 N.R. Cooper Capt
 O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
 Date

The Royal Newfoundland Regiment

Class for Demobilization:—

E.

Report of Demobilization
Travelling Board, held on soldier for
discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 12/19

Regimental No. *5880*

Name

S. Strickland *Almon*

Address

Bonny

Present Medical Category

A 7

Recommended for:—

(a) Immediate discharge

(b) ~~Standing Medical Board~~

V. R. Lodge Capt.
O.C. Discharge Depot.

Members of Board

L. H. Stinson
Senior Medical Officer

Geo. Burden
M.O. Depot

August 14, 1919

#5880 Pte. Abraham Strickland,
Burreo.

Dear Sir:-

please find enclosed Discharge Certificate #3734.

Yours truly,

Captain & Paymaster.

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

Strickland A

Signature of Man.

Ambrose

Signature of the Vocational Officer or his Representative.

Reg. No. 5860

Place ST. JOHN'S.

Date 14-7-18 191

To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY

Surname Strickland OF Christian Name Abraham

Table I.—GENERAL TABLE

Birthplace:—Parish	<u>Bungeo</u>	County	<u>Newfoundland</u>
Examined	SPECIAL RESERVE		REGULAR ARMY
	on <u>30</u> day of <u>July</u> 191 <u>8</u>	on	day of 191
	at <u>St. John's</u>	at	
Declared Age	<u>34</u> years	days	years days
Trade or Occupation	<u>fisherman</u>		
Height	<u>5</u> feet	inches	feet inches
Weight	<u>117</u> lbs.		lbs.
Chest Measurement {	Girth when fully expanded	<u>34</u> inches	inches
	Range of Expansion	<u>3</u> inches	inches
Physical Development			
Vaccination Marks {	Right	Left	Right Left
	Number		
When Vaccinated			
Vision	R.E.—V= <u>6/9</u>	R.E.—V=	
	L.E.—V= <u>6/9</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)	(a)	
(b) Slight defects but not sufficient to cause rejection	(b)	(b)	
Approved by (Signature)	<u>[Signature]</u>		
(Rank)		Medical Officer	Medical Officer
Enlisted	at <u>St. John's</u>	at	
	on <u>30</u> day of <u>July</u> 191 <u>8</u>	on	day of 191
Joined on Enlistment	Corps <u>Royal</u>	Regt. No. <u>5880</u>	Corps Regt. No.
	<u>Wiltshire</u>	<u>Regt</u>	
Transferred to			
Became non-effective by	on	day of 191	on day of 191
(Signature)			
(Rank)			

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland* } Former Trade or Occupation } *Intermar*
2. Regtl. No. *S.F. 80* 3. Rank. *plc* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Stickland Abraham* (a) Former Regts. or Corps; with Regtl. Nos.
(Surname) (Christian Names)
5. Age last birthday. *28*
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
nil
11. Date of origin of disability.
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war
 - (ii.) Previous active service
 - (iii.) Climate in pre-war service
 - (iv.) Ordinary military service before the war
 - (v.) Serious negligence or misconduct on the man's part.

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

See Complaints of no disability

16. Was an operation performed? If so, when and what was its nature?

17. If not, was an operation advised and declined?

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation

W. B. Proctor - Capt Rame
Medical Officer in charge of case.

Station *Hazley Barracks*

Date *10/14/19*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Abraham Strickland*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5780 Surgeon*

Intended address

Height on discharge *5'* Feet *3*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Short*

Christian name of Father *—*

Christian name of Mother *—*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Burgess, 9 Oct 1895*

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Abraham x Strickland Pt* (Rank)

Station *St John's* Date *8-7-19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.



Station

Date

August 16, 1919

Mr. Abraham Strickland,
Burgess.

Dear Sir:-

Referring to your application I enclose cheque for
Seventy dollars (\$70.00), being amount of first payment due
you on account of War Service Gratuity.

Yours truly

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name..... *A* 2. Surname..... *Sheppard*

3. Rank..... *Pte* 4. Regtl. No..... *5880*

5. Address in full to which future payments of gratuity are to be forwarded..... *Burgeo West Coast*

6. Date of enlistment in the Regiment..... *July 1918*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *w*

8. Relationship of such dependents..... */*

9. Address in full of such dependents..... */*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

11. Were you on active service only in Hfld. If so, give dates and particulars of such service..... *Overseas*

12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *Twelve months*

..... 1. ²

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

no

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

15. Have you been issued with a War Service Badge?

16. Have you, during the present war, served in the Imperial Forces?

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

(b) If so, was such reversion in consequence of Misconduct or inefficiency?

19. Are you now serving in the Res? If not give? - (a) Date of discharge. (b) Reason for discharge.

no
July 28/19
Demob

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

England

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant:

his
A X Shepleau

Place of Residence:

Burgeo. West Coast

Declared before me at:

St John's

This

14 day of *June* 19*19*....

Signature of Barrister of the
Supreme Court, Stipendiary Magistrate,
Notary Public, Justice of the Peace,
or Commissioner of affidavits.

John M. Carthy
J.P.

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....
.....
.....
Certified correct.			Barrister	

6560-7

DEPARTMENT OF MILITIA,
WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th, 1919.

A complete reply must be given to every question in this Declaration there must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C PERSONS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name..... *Abraham Thibault*

3. Rank..... *Pvt* 4. Regtl. No..... *5980*

5. Address in full to which future payments of gratuity are to be forwarded..... *Burgos St. Burgos & Lapelle*

6. Date of enlistment in the Regiment..... *30th July 1918*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
None

8. Relationship of such dependents.....

9. Address in full of such dependents.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

11. Were you on active service only in Nfld, if so, give dates and particulars of such service.....

12. Give total length of time which you served on active service, whether in ~~Nfld~~ or Overseas. *1 year and 18 days*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

No

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

*I have received one payment Gratuity \$70.00
Cheque dated Sept*

15. Have you been issued with a War Service Badge? *No*

16. Have you, during the present war, served in the Imperial Forces? *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*

(b) If so, was such reversion in consequence of Misconduct or inefficiency? *No*

19. Are you now serving in the Regt.? *No* If not give - (a) date of discharge *July 30th* (b) Reason for discharge *None*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

No

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee? *No*

And I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *Arthur Blum & Shekland*
 Place of Residence: *Burgos*
 Declared before me at: *Burgos*
 This *10th* day of *Sept* 19*19*.....

Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate,
 Notary Public, Justice of the Peace,
 or Commissioner of affidavits.

Joseph Small J.P.

POST DISCHARGE PAY.			War Service Gratuity.	Net amount due
Date paid	Paid Soldier.	Paid Dependent.		
.....
.....
.....
Certified correct.			Paymaster	

CLASS OF SERVICE	SYMBOL
Day Message	
Day Letter	Blue
Night Message	Nite
Night Letter	N L

If none of these three symbols appears after the check (number of words) this is a day message. Otherwise its character is indicated by the symbol appearing after the check.

ANGLO-AMERICAN TELEGRAPH COMPANY, LIMITED

CONNECTING WITH
THE WESTERN UNION TELEGRAPH COMPANY

CLASS OF SERVICE	SYMBOL
Day Message	
Day Letter	Blue
Night Message	Nite
Night Letter	N L

If none of these three symbols appears after the check (number of words) this is a day message. Otherwise its character is indicated by the symbol appearing after the check.

L41 BURGEO 12-2EX

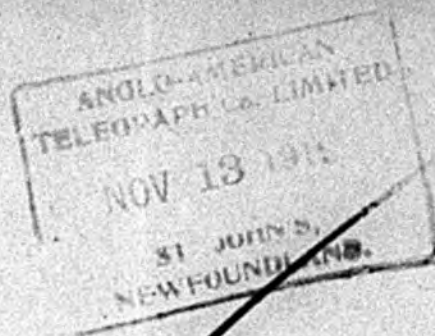
CAPT HOWLEY

MILITIA DEPT STJOHNS.

WHEN MAY I EXPECT REPLY TO MY LETTER WITH REMITTANCE

ABRAHAM STICKLAND.

NO 5880



199



Magistrate's Office.

7219

Burgeo

October 21st 1919

Department of Public Works
St. John's

J. M. Howley Esq.

Capt. & Paymaster St. John's

Dear Sir

Will you please take notice that my first payment of £70 was received August 16th and since I have received no other. Kindly have sent on and oblige

I am dear Sir
Yours Very Truly
W. S. Hickland No 5880

Witness J. Small

M to Burgeo Nov 11/19

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of Royal Newfoundland

Number of Sheet one
Signature of O. C. Company C. D. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5880</u>	Age on	<u>24</u> years <u>12</u> months	<u>Fisherman</u>	
Joined _____ Date _____		Place and Date of Enlistment	<u>St. Johns</u>	Religion	
Joined _____ Date _____		Period of	with Colours <u>1¹³/₃₆₅</u> years.	Place of Birth	
Joined _____ Date _____					with Reserve _____ years.

Place	Date of Offence	Rank	Grade of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's</u>	<u>11</u>	<u>5/79</u>		

To be carried over.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5880* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Stickland* } *Abraham* } (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday *25*
6. Posted for duty on at
in category (or grade)
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | ✓ | |
| (ii.) Previous active service | ✓ | |
| (iii.) Climate in pre-war service | ✓ | |
| (iv.) Ordinary military service before the war | ✓ | |
| (v.) Serious negligence or misconduct on the man's part. } | ✓ | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs when possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

*No Complaint of disability
 none*

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

Repatriation

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

W. P. Procunier *Captn*
Raine

Station *Hazley Down*

Date *10/2/19*

Medical Officer in charge of case.

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5880 Rank Plt Name Strickland A
 Date of Enlistment 30-7-18 Address Burgeo District Burgeo
 Occupation Disterman Classification for Discharge Plt Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P 36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....
B 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....
B 179.....	D 400B.....	Form L.....	do 3rd.....	" 4.....
B 179a.....	D 400C.....	Form K.....	do 4th.....	" 5.....
B 179b.....	B 103.....	ME 2.....		" 6.....
B 179c.....	B 120.....	M 93.....		

Date 12-7-19

Mr. H
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.

A
Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. #60.00
 (b) Clothing Supplied Altogether

Date 14-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2399 to his home

at Bungeo and Release Certificate No. 3598 issued.

Date 14-7-19

Albion
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 11-8-19

Date 14-7-19

Albion
Depot Paymaster.

Discharge approved for 28 7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
R 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 14-7-19

Albion
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 28 1919

D.R. Cooper Capt.
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date Aug 7 1919

[Signature]